

June 3, 2008

REQUIREMENT FOR NATIONAL PROVIDER IDENTIFIER (NPI) AND TAXONOMY CODE(S)

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes the requirement that all individual health care practitioners who provide billable health care services must obtain a National Provider Identifier (NPI), designate their Taxonomy Code(s) (Specialties and Subspecialties) on their NPI application, and provide this information to the designated NPI Maintenance Team Leader for their facility.

2. BACKGROUND

a. VHA's authority to bill third-party insurance carriers (payers) for veterans' non service-connected care is Title 38 U.S.C. §1729.

b. NPI is a requirement for VHA under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The NPI is a unique, nationwide 10-digit numerical identifier, assigned by the Centers for Medicare and Medicaid Services and intended to streamline electronic health care transactions by replacing the different identifications currently assigned by various health plans.

(1) Under the HIPAA NPI Final Rule, of the May 23, 2007, compliance deadline, HIPAA-standard electronic transactions must include NPIs for both organizational entities, such as hospitals and nursing homes) and individual health care practitioners (physicians, advanced practice nurses, pharmacists, social service providers), and many other categories of practitioners, (see Attachment A). NPIs are essential to VHA third-party reimbursement revenue, as VHA's claims will be rejected by the payers without NPIs.

(2) The application for an individual NPI (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>) also includes a listing of Taxonomy Codes (designations of Specialty and Subspecialty). Certain payers require practitioner Taxonomy Codes on electronic reimbursement claims, and will reject electronic reimbursement claims that do not include appropriate practitioner Taxonomy Codes; Taxonomy Code information is essential to the continuity of VHA third-party revenue.

c. The Department of Veterans Affairs (VA) Billing and Collections System of Records was amended (see subparagraph 5) to cover collection of NPI information and disclosure for routine purposes, which includes third-party billing.

d. An internal VHA deadline of October 31, 2006, was established by the Deputy Under Secretary for Health for Operations and Management ("*HIPAA NPI Memo*," June 1, 2006; <http://vaww1.va.gov/cbo/npi/npiinfo/feeleyntpimemo.pdf>) by which time VHA's billable practitioners were to have obtained their NPI, and NPIs should have been entered into Veterans Health Information System and Technology Architecture (VistA). This internal deadline was established to give VHA sufficient time to test NPIs in electronic transactions, work with payers on their transition

THIS VHA DIRECTIVE EXPIRES JUNE 30, 2013

VHA DIRECTIVE 2008-030

June 3, 2008

from legacy identifiers to the NPI, and otherwise prepare for the May 23, 2007, HIPAA NPI compliance deadline. VHA continues to maintain up-to-date NPI and Taxonomy Code information on all billable health care practitioners.

e. Definitions

(1) **Billable Practitioners.** Billable Practitioners are those for whom a separate professional or technical charge can be billed and reimbursed by third-party payers.

(2) Specialties and Subspecialties as designated on the application for NPI submitted to the Centers for Medicare and Medicaid Services, which assigns NPIs. **NOTE:** *Taxonomy Codes for that application derive from Health Care Provider Taxonomy, published in cooperation with the National Uniform Claim Committee by the American Medical Association. The latest version of this document is posted on the VHA Chief Business Office NPI website: <http://vaww1.va.gov/cbo/npi.asp>*

3. POLICY: It is VHA's policy that as a Condition of Employment all billable health care practitioners shall furnish to VHA both NPI and Taxonomy Code information as requested.

4. ACTION

a. **Veterans Integrated Service Network (VISN) Director.** The VISN Director is responsible for ensuring that a VISN NPI Maintenance Point of Contact (POC) is designated. The VISN NPI serves as a communications resource between VA Central Office and medical centers for management of the NPI Maintenance process. **NOTE:** *This maybe assigned as a collateral duty.*

b. **Facility Director.** Each Facility Director is responsible for ensuring that:

(1) An NPI Maintenance Team Leader is designated for the respective medical center. This may be assigned as a collateral duty. Likely candidates include staff from Human Resources, Contracting, Privacy Office, Credentialing, MCCF, Compliance, Program Application Specialists, or other appropriate groups.

(2) All health care practitioners providing billable health care services on behalf of the facility (including Community-Based Outpatient Clinics (CBOCs) and any other health care locations associated with the facility) obtain NPIs, designate their Taxonomy Codes, and furnish both NPI and Taxonomy Code information to the designated NPI Maintenance Team Leader as requested.

(a) In the event that health care practitioners providing billable health care services to their facility (including CBOCs and any other health care locations associated with their facility) fail or refuse to provide NPI and Taxonomy Code information to VHA, appropriate disciplinary measures may be taken, in accordance with VA Handbook 5021 in the case of employees, and in accordance with contractual stipulations in the case of contracted health care practitioners.

(b) No health care practitioner seeking employment by VHA may be appointed to provide billable health care services to a VA medical facility (including CBOCs and any other health care locations associated with that facility) without first furnishing their correct NPI and Taxonomy Code information to the designated NPI Maintenance Team Leader for the facility at which the practitioner seeks to be appointed. Practitioners shall provide the official NPI and Taxonomy Code notification issued by the Centers for Medicare and Medicaid Services National Plan and Provider Enumeration System (NPPES).

c. **NPI Maintenance Team Leader.** NPI Maintenance Team Leader is responsible for:

(1) Coordinating a local cross-functional team to assist billable health care practitioners as needed (including new hires, those returning from military or sick leave) in obtaining NPIs and designating their Specialties and Subspecialties by means of Taxonomy Codes on the NPI application.

(2) Ensuring that NPIs and any appropriate Taxonomy Code information are entered into VistA or any successor repository for this information.

(3) Responding to requests for NPIs from non-VA providers, academic affiliates, payers.

(4) Coordinating with facility billing staff, as needed, regarding NPI and Taxonomy Code needs for back-billing or for enrollment of new practitioners with payers.

(5) Assisting in the resolution of third-party reimbursement claim rejections relating to NPIs or Taxonomy Codes.

5. REFERENCES

a. System of Records pertaining to NPI: The Revenue Program—Billing and Collections Records-VA (114VA16), Federal Register 69 FR 4205, VA Federal Register / Vol. 67, No. 117 / Tuesday, June 18, 2002; amended 55207 Federal Register / Vol. 70, No. 181 / Tuesday, September 20, 2005.

b. VA Handbook 5005.

c. VA Handbook 5021.

d. Memorandum from Deputy Under Secretary for Health for Operations and Management (10N), “Health Insurance Portability and Accountability Act National Provider Identifier,” June 1, 2006: <http://vaww1.va.gov/cbo/npinfo/feeleyNPmemo.pdf>

e. Memorandum from Deputy Under Secretary for Health for Operations and Management (10N), “Maintenance of National Provider Identifiers for Practitioners,” April 25, 2007: http://vaww.vistau.med.va.gov/Documents/NPI/NPI_Maintenance%20NPIforPractitionersMemorandum_042507_FC_042907.pdf

f. NPI online application: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

VHA DIRECTIVE 2008-030

June 3, 2008

g. For information to assist practitioners in the application process, VHA Chief Business Office NPI website: <http://vaww1.va.gov/cbo/npi.asp>

h. HIPAA, Section 1173 of the Social Security Act (42 U.S.C. 1320d-2).

i. HIPAA, Title 45 Code of Federal Regulations (CFR), Part 162, Subpart D.

6. FOLLOW-UP RESPONSIBILITY: The VHA Chief Business Office, Business Development (161), is responsible for the contents of this Directive. Questions may be referred to (202) 254-0385 or vhaconpi@va.gov.

7. RECISSIONS: None. This VHA Directive expires June 30, 2013.

Michael J. Kussman, MD, MS, MACP
Under Secretary for Health

DISTRIBUTION: CO: E-Mailed 06/06/08
FLD: VISN, MA, DO, OC, OCRO, and 200-E-mailed 06/06/08

ATTACHMENT A

HEALTH CARE PRACTITIONERS NEEDING NATIONAL PROVIDER IDENTIFIERS (NPIs)

1. Veterans Health Administration (VHA) “billable” practitioners must have an NPI and designate their Specialties and Subspecialties, known as Taxonomy Codes. The following list provides initial guidance as to which VHA health care practitioners require an NPI. If a facility is currently billing for the services of a health care practitioner category not on this list, that practitioner must have a NPI. This list is not meant to restrict current billing practices in any manner.

a. Allopathic (Doctor of Medicine, (M.D.) and equivalent degrees) and Osteopathic Physicians (D.O.).

b. Behavioral Health and Social Service Providers, as:

- (1) Counselor;
- (2) Psychologist; and
- (3) Social Worker (CSW, LISW).

c. Chiropractic Providers. Chiropractor

d. Dental Providers. Dentist

e. Dietary and Nutritional Services Providers. Registered Dietitian,

f. Eye and Vision Service Providers. Optometrist.

g. Pharmacy Service Providers. Pharmacist.

h. Physician Assistants and Advanced Practice Nursing Providers, as:

- (1) Anesthesiologist Assistant;
- (2) Clinical Nurse Specialist;
- (3) Midwife, Certified Nurse;
- (4) Nurse Anesthetist, Certified Registered;
- (5) Nurse Practitioner; and
- (6) Physician Assistant.

VHA DIRECTIVE 2008-030

June 3, 2008

i. **Podiatric Medicine and Surgery Providers.** Podiatrist.

j. **Respiratory, Rehabilitative, and Restorative Care Providers, as:**

(1) Occupational Therapist (OT), and

(2) Physical Therapist (PT).

k. **Speech, Language, and Hearing Providers.** Audiologist.

2. Special cases where NPIs and Specialty and Subspecialty information may be needed:

(1) **Nurses.** Most general nursing services are not billable. However, home health care skilled nursing services can be billable, in which case the nurse providing those services would need an NPI. Advanced Practice Nurses, require an NPI.

(2) **Speech-language Pathologists.** If the facility bills for their services, speech-language pathologists need to obtain an NPI.

(3) **Residents and Fellows.** Residents and fellows need NPIs if they “moonlight” in an Emergency Room where they are privileged and provide billable services.

(4) **Research.** Practitioners involved in research who also provide billable services should obtain an NPI.